

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-005869

STATE FILE NUMBER

AMENDED

Registration District No. 68Primary Registration District No. 3266Registrar's No. 9

FILED MAR 8 1962

1. PLACE OF DEATH

a. COUNTY

Christian

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Ozark

Length of stay in 1b

4 mo.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR

INSTITUTION

Christian Rest Home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Douglas

c. CITY

OR TOWN Ava

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Billie Deckard

4. DATE

OF

DEATH

Month

Day

Year

Feb. 15, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

5-5-85

9. AGE (last birthday)

76

IF UNDER 1 YEAR

Months

IF UNDER 24 HR

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Own farm

11. BIRTHPLACE (City and state or country)

Rome, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

William Deckard

13b. MOTHER'S MAIDEN NAME

Janie Morris

14. NAME OF HUSBAND OR WIFE

Leah Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Leah Deckard, Ava, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

C.V.A., Thrombosis, spontaneous middle cerebral artery, recurrent, severe arteriosclerosis

DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

1 month

yes

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10 Jan / 62, to 15 Feb / 62 and last saw him alive on 15 Feb / 62

Death occurred at 8:30 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

2-18-62

23c. NAME OF CEMETERY OR CREMATORY

Ava, Ava

23d. LOCATION (City, town, or county)

Ava, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Clinkingbeard Funeral Home, Ava, Mo. 3-4-62 Mary Kaufman

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 12 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Lyle G. Chislinghead

Licensed Embalmer No. 4830

P. O. Address Ala. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.